

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000005886

1. Entity Name

GOSPEL POWER MINISTRIES INC.



Principal Place of Business

**801 E. ORANGE AVENUE
EUSTIS, FL 32727**

Mailing Address

**P O BOX 840
EUSTIS, FL 32727**



01232006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

77-0496029

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

**SPEEGLE, ALLEN
801 E. ORANGE AVENUE
EUSTIS, FL 32727**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	SCHRAM, PATRICK
STREET ADDRESS	2763 WAVE L BOX 109
CITY-ST-ZIP	LANCASTER, CA 93536
TITLE	DV
NAME	SPEEGLE, ALLEN
STREET ADDRESS	801 E. ORANGE AVENUE
CITY-ST-ZIP	EUSTIS, FL 32727
TITLE	DS
NAME	SCHRAM, CHARLOTTE
STREET ADDRESS	801 E. ORANGE AVE.
CITY-ST-ZIP	EUSTIS, FL 32727
TITLE	T
NAME	COOPER, THOMAS
STREET ADDRESS	801 E. ORANGE AVE
CITY-ST-ZIP	EUSTIS, FL 32727
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/06-80110-023 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas M. Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 APRIL 2006

Date

352 584 1105

Daytime Phone #